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Cambridgeshire County Council.

EDUCATION COMMITTEE.

SIXTEENTH

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR ENDING 31ST DECEMBER, 1924.

Cambridge
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INDEX.

	PAGE.
Bacteriological Examination 21
Blind, Deaf, Defective and Epileptic Children 16
Closure of Schools ... ... ... ...	... 20
Co-operation of Teachers and Attendance Officers ... ...	... 15
Co-ordination ... ... ... ...	... 3
Crippling Defects ... ... ...	... 14
Dental Defect and Treatment ... ... ...	... 7, II, 25
“ Following-up ” ... ...	... 7
Hospital Treatment ... ...	... 8, 15
Hygienic Condition of School Premises ... ...	... 21
Infectious Diseases, Control of ... ...	... 20
Malnutrition ... ... ...	... 5, 12
Medical Inspection, Extent and Scope of ...	... 4
” ” Findings of ...	... 4
” ” Treatment Scheme ...	... 8
Miscellaneous ... ... ...	... 23
Neglect ... ... ...	... 13
Open-air Education ... ...	... 13
Provision of Meals ... ...	... 19
Physical Training ... ...	... 15
Remedial Measures ... ...	... 7
School Nursing ... ...	... 7, 20
Secondary Schools, Medical Inspection in ...	... 24
Skin Diseases ... ... ...	... 7, 9
Spectacles ... ... ...	... 8, 9
Staff ... ... ...	... 3
Tonsils and Adenoids ... ...	... 6, 8
Tuberculosis ... ... ...	... 6, 10
Uncleanliness ... ... ...	... 4, 10
Vision, Defective ... ... ...	... 6, 9
APPENDIX. Report by School Dentist ...	... 25
Tables :—	
Medical and Dental I. to IV. (prescribed by Board of Education) ...	27

Introduction.

At the end of 1924 there were 133 Public Elementary Schools under the control of the County Education Committee (45 Provided and 88 Non-Provided), comprising 135 separate departments. The number of children on the school registers at the end of the year was 9,897, the average number in attendance being 8,993.

Staff.

Services in connection with school medical work are rendered by the following :—

- *FRANK ROBINSON, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*
- *JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*
- *W. PATON PHILIP, M.C., M.B., Ch.B., *Tuberculosis Officer.*
- *J. C. G. EVERED, L.D.S. (Edin.), *School Dentist.*
- W. H. HARVEY, M.D., *Bacteriologist.*
- J. C. W. GRAHAM, M.D., *Ophthalmic Surgeon.*
- MISS E. BILLS, *Superintendent of County Nursing Association.*
- *G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Act.*

*Whole-time Officers of the County Council.

Co-ordination.

The area for which the County Council is the Local Education Authority for elementary education coincides with that for which the Council is the Local Authority for maternity and child welfare, and comprises the whole of the County, with the exception of Cambridge. It is entirely rural in character.

Co-ordination and continuity of policy are readily secured, as certain members of Committees, the Medical Staff, and the Nurses are all concerned with both branches of work.

Particulars of the past medical history of individual children are rendered available for entry on the record cards of the children on their entrance to school life.

There are no nursery-schools in the area.

Statistical Tables.

The statistical tables have been compiled by the Assistant School Medical Officer in the revised form prescribed by the Board of Education, and are appended to this report. (See page 27 *et seq.*).

Medical Inspection.

The schools have been visited throughout the year by the Assistant School Medical Officer, Dr. Gellatly, for purposes of medical inspection and reinspection. She has also undertaken examination of children for defects of eyesight and prescription of spectacles, as well as for report as to mental and other forms of defect requiring special forms of education, for which purpose she is approved as a Certifying Officer by the Board of Education. The accommodation available in some of the schools is not well adapted for medical work, especially in the smaller schools, and it may therefore be opportune to point out, as in last year's report, that it is essential that the arrangements made for medical inspection work should secure quiet, privacy and a reasonable degree of convenience.

The schedule used for record of the results noted at routine medical inspection does not differ in any material respect from that drawn up by the Board of Education, and the age-groups selected are those prescribed by the Board. Each child is required to be presented for routine inspection three times during school life, viz., during the year of entry to school, at 8 years old, and at 12 years.

Each school is visited on at least two occasions during the year, the first being for routine inspection of children in the prescribed age-groups, and the second mainly for re-examination of children previously found to require treatment or needing to be kept under observation. The Medical Officer is thus able to note personally the results of advice given, and to ascertain what further action requires to be taken. Each visit also affords opportunity for teachers or parents to present special cases in which defect is suspected. The attendance of parents is encouraged on the occasions of the Medical Officer's visits.

Statistical details of the number of children examined will be found in Table I appended to this report, in the form prescribed by the Board. The totals in each principal group are as follows :—

			1923.	1924.
Routine examinations	...	...	3311	3157
Specially presented	...	...	372	382
Re-examinations	...	...	5481	5597
Individual children inspected (routine or special)	...	...	3683	3534

The very large number of children reinspected is due, not to an excessive incidence of serious defect, but to the policy of keeping under observation all defects in the earliest and most remediable stage, until all evidence has disappeared. Supervision is thus exercised, *e.g.*, over slight defects of nutrition, mouth breathing, etc., as well as over all children who wear spectacles, and all who are markedly backward in their school work.

Findings of Medical Inspection.—The defects disclosed are set out in the Board's Table II A appended to this report. Special mention may be made here of the following items.

Uncleanliness.—The number of children noted in both routine and specially presented groups as having verminous or nitty heads was 254 (routine 240, specials 14). Of these, 76 were considered sufficiently marked in degree to require treatment, while 178 were

slight cases of nittiness noted for further observation, but not justifying special reference to the parents.

Calculated on the number of cases detected during routine medical inspection only, the percentages, as compared with the two previous years, are :—

		1922.	1923.	1924.
Total found unclean (all degrees)	...	7.5	7.5	7.6
Requiring treatment	...	3.5	2.1	2.2

It will be seen that the proportions for 1924 are practically identical with those for 1923, and that the improvement recorded for the latter year in the percentage of children requiring treatment is thus maintained. As recorded in previous reports, experience shows that cases of this kind are largely detected in the same families year after year. As explained in a subsequent section, constant supervision is exercised over these children, and future reform is likely to be dependent upon factors existing in the homes.

As the result of medical inspection and the system of supervision in force, the proportion of uncleanly heads has been reduced by 50 per cent. from that noted in the year 1910, viz., from 15.3 to 7.5 per cent. The records of other Counties for 1923 also shows that this County compares favourably with other areas in this respect. Further particulars are given in a subsequent section under the heading of " Remedial Measures."

Uncleanly Bodies.—These numbered 124 (routine 121, specials 3), and includes lack of cleanliness in the soap and water sense, and evidence of infestation with fleas as well as with pediculi. Aggravated cases of this type of uncleanliness are rare, and come from a few incorrigible families. At the same time it has to be noted that the general standard of personal cleanliness among the children is not what it should be, and the observation is called for that provision of greater facilities for washing than exist in many of the schools should provide an object lesson for the children to live up to. The system of education provided is not intended to be limited solely to scholastic subjects, and personal cleanliness is a subject deserving of great attention, not only as being physically beneficial, but as assisting materially to develop a sense of self-respect.

Malnutrition.—Children whose nutrition was recorded as below normal numbered 395, of whom 124 were referred for treatment and 271 noted for further observation. As recorded in a subsequent section under remedial measures, treatment mainly comprised the provision of malt and cod liver oil, and, in some of the worst cases, maintenance for some months in an open-air school. Calculated on the basis of children examined in the routine age groups the proportion of children of subnormal nutrition was 11.8 per cent.

Omitting the years 1910-11, when several schools now in Cambridge Borough were included, the percentage of children below average nutrition in this purely agricultural area shews changes of considerable interest. In the pre-War years 1912-14, the proportion of such children recorded in the three successive years was 21.7, 19.5 and 19.4 per cent. respectively then falling more rapidly to 16.3 and 12.6 in 1915 and 1916. Figures

for the War years 1917-1919 are not available, but on resuming full medical work in 1920 the low proportion of 4.1 per cent. was recorded.

It is difficult to avoid the conclusion that economic conditions resulting from War allowances, and the subsequent trade revival directly influenced the physical condition of rural children, but more recent records suggest a far less satisfactory state of affairs, the proportion of subnormal children having very definitely increased, the percentages recorded being 8.7 in 1921, 10.6 in 1922, 12.5 in 1923, with a slight drop to 11.8 in 1924. It is to be hoped that the recent increase in the agricultural wage may have a beneficial influence, and tend to check a disquieting development. The figures given are, of course, averages for the whole area, and a higher standard of nutrition may be expected in those villages when agriculture is most remunerative.

Tonsils and Adenoids.—In all, 79 children were recorded as suffering from these defects, of whom 76 belonged to the routine age groups. Calculated on the routine figures the proportion works out at 2.4 per cent., and of these only 8, or 0.2 per cent., were considered to require immediate operative treatment. The 187 children recorded under "other conditions of throat and nose" in Table II were mainly mouth-breathers of varying degree, who were specially referred for breathing exercises. Children in this category comprised 5.4 per cent. of the total in the routine age groups.

Tuberculosis.—Including both routine and special examinations, 56 cases are included in Table II under this heading, of whom 44 were suspected and 12 definitely diagnosed. These cases were distributed as follows:—

	<i>Definite.</i>	<i>Suspected.</i>	<i>Total.</i>
Lungs ...	3	44	47
Glands...	2	—	2
Spine ...	3	—	3
Other Bones and Joints ...	2	—	2
Skin ...	1	—	1
Other Forms ...	1	—	1

It will be understood that these figures are limited to the routine age groups for examination, and to those children to whom special attention has been directed.

Defective Vision.—The number of children found to be suffering from defective vision, with comparative figures for 1923, was as follows:—

		<i>1923.</i>	<i>1924.</i>
<i>Referred for Treatment :</i>			
Routine	60
Specially presented	24
<i>For Observation :</i>			
Routine	163
Specially presented	19

Calculated on children in the routine age groups alone, the proportion of children referred for treatment was 1.8 per cent., identical with that for 1923. The children recorded as under observation are principally those for whom spectacles have been provided in previous years under the Committee's scheme.

Dental Defect.—This subject is dealt with (a) in the appended report of the School Dentist, (b) in the paragraphs on dental treatment in the section on Remedial Measures, and (c) in the Tables appended to this report. The 29 additional cases included in Table II A are mainly cases of severe oral sepsis noted during medical inspection, and resulting from neglect and refusal of the School Dentist's services.

Skin Diseases.—The following figures shew the incidence of the principal contagious skin diseases, with comparative figures for the previous year:—

	1923.			1924.		
	Notified by Head Teachers or School Inspections.	Teachers Nurses.	Total.	Notified by Head Teachers or School Inspections.	Teachers Nurses.	Total.
Ringworm of Scalp	7	10	17	3	4	7
Ringworm of Body	2	32	34	2	31	33
Scabies ...	5	3	8	1	5	6
Impetigo...	...	24	162	186	11	144
						155

Ringworm.—In an agricultural area the total eradication of ringworm, one type of which is communicable from cattle, is hardly to be looked for, but prompt notification and careful supervision through the school nursing system have had their effect in greatly reducing prevalence among school children. Since the introduction by the Committee of facilities for X-rays treatment the number of scalp cases has been reduced to very small proportions, and a source of great loss of school attendance has thus been removed.

Scabies.—This parasitic disease, which became prevalent during the War, is now almost non-existent among school children in this area.

Impetigo.—This is by far the most troublesome contagious skin disease of school life, and in spite of efforts to educate the mothers by leaflets, and advice given through the School Nurses, it is still difficult to prevail upon them to regard it seriously. Though badly neglected cases may be a serious matter from the health point of view, the chief importance is educational, as involving much loss of attendance. This is controlled as far as practicable by the supervision of the School Nurses.

A word of appreciation is again due to the Teachers, by whose systematic notification of these contagious diseases under the Regulations as early information as practicable is obtained and control is thus facilitated.

Remedial Measures.

Following-up.—The parents having been notified of the defects which require medical treatment, the children are kept under supervision by the School Nurses in their homes. They are subsequently re-examined by the Assistant School Medical Officer on a second visit to the school during the year, with a view to ascertaining the results of medical treatment, and the condition of children previously noted to have defects not urgently calling for treatment. During the year, 5,597 re-examinations were made with these objects.

School Nursing is carried out by District Nurses in those parishes where District Nursing Associations are at work, and by the Staff of

the County Nursing Association in the un-nursed parishes. The work is superintended by Miss Bills, under direction from the Public Health Department. The visits paid by the Nurses to schools and homes during the year are as follows :—

		1923.	1924.
1.	<i>Visits to Schools :</i>		
(a)	Routine medical inspection ...	136	122
(b)	Special verminous inspections ...	1	10
(c)	Other purposes ...	1290	1236
		1427	1368
		—	—
2.	<i>Visits to Homes :</i>		
(a)	Following-up to secure treatment	10452	10103
(b)	Special enquiries into refusals of dental treatment ...	1570	1586
(c)	Special enquiries into infectious and contagious diseases ...	1413	1248
(d)	Other purposes ...	454	621
	Total ...	13889	13558
		—	—

These figures fluctuate somewhat from year to year, those for the group of enquiries into infectious disease varying with the prevalence of such diseases. The volume of work is, however, well maintained.

Medical Treatment.—The Education Committee's scheme of treatment comprises the following :—

1. Contribution to Addenbrooke's Hospital for treatment of diseases of the nose and throat, X-rays treatment of ringworm, and for other general medical and surgical work.
2. Clinics for defective vision ; provision of spectacles.
3. Travelling dental clinic.
4. Assistance in travelling expenses for treatment.
5. Provision of Malt and Cod Liver Oil in the schools for cases of malnutrition.

Tonsils, Adenoids, and Mouth-Breathing.—Facilities for operative treatment of tonsils and adenoids are afforded by the Education Committee under their arrangements with Addenbrooke's Hospital. Altogether, 15 children received such treatment under the Committee's arrangements, and 5 others through other channels. In addition a considerable number of children with defects of the nose and throat, principally mouth breathers, were referred to the parents as in need of treatment, mainly in the form of systematic mouth-breathing exercises.

Prominence has been given to the subject of breathing exercises in previous reports. In all cases of mouth-breathing, simple printed leaflets of information and advice are issued to the parents, who are urged to give the matter of daily breathing exercises constant attention in the home, as thereby the necessity for operative treatment of the throat and nose may often be avoided if promptly and systematically resorted to in early cases. Considerable importance is also attached to the



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THE MEDICAL OFFICER OF HEALTH

and School Medical Officer

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performance of breathing exercises in the schools as a regular part of the daily curriculum of instruction, and, by consent of the Committee, Teachers have been furnished with printed instructions for systematic use in the schools, and many have been assiduous in carrying them out with thoroughness.

I would again emphasise the preventive value of this method, as some adverse comment on the teaching of breathing exercises to children has appeared in the London press, which would appear to have arisen from a confusion between breathing exercises and forced breathing, which is quite a different matter. Such injury as might result from forced breathing does not arise, as this is not part of a system of breathing exercises, and indeed a specific caution is given against it. The exercises recommended should be a direct preventive of adenoids, if only by reason of the formation of the habit of cleanliness of the nasal passages which is taught through handkerchief drill, apart from the further advantage derived from the knowledge of correct methods of breathing, which are not, in fact, taught by many parents, as it is quite properly suggested that they should be. It may not be without significance that the number of mouth breathers noted during medical inspection fell from 305 in 1923 to 187 in 1924.

Defective Vision and Squint.—Children who require assistance for treatment of defective vision and squint are submitted to refraction, either by Dr. Gellatly, the Assistant School Medical Officer, or by Dr. Graham at Cambridge. Dr. Graham deals with the children who live in villages with reasonable travelling facilities to Cambridge, while Dr. Gellatly deals with those in the more remote districts. For the latter group the arrangements are of the nature of a simple travelling clinic, an electric ophthalmoscope being used, and the examinations being carried out as a rule in the school cloakrooms. A more detailed account has been given in previous reports.

Altogether assistance under the official scheme was offered for 155 children and accepted for 130. Examination by Dr. Graham was accepted for 65 children, and spectacles were prescribed by him for 60 of these. Of 62 children submitted to retinoscopy by Dr. Gellatly spectacles were prescribed for 45, while 17 were found not to require them, and 4 were outstanding at the end of the year. Four children were also referred to hospital for treatment under the Committee's scheme. Altogether, during the year, 144 children were dealt with, 126 under the official scheme and 18 otherwise, spectacles being prescribed and obtained for 123, of which 113 came under the official scheme. These figures include cases of squint, none of which, as far as is known, were treated by operation.

Skin Diseases.—The known cases of ringworm of the scalp did not exceed 7, of whom 5 received X-rays treatment at Addenbrooke's Hospital. Cases of ringworm of other situations are not treated by this method, and are referred to the parents for treatment by their doctor or otherwise, leaflets of information and precautions also being given. Some find their way to Addenbrooke's Hospital. The rare cases of scabies are dealt with similarly.

It is seldom possible to induce parents to obtain advice from the doctor for treatment of impetigo, and some of the cases are slight in

degree. All, however, are excluded from school for precautionary reasons. Leaflets of information and advice are furnished, and the children are referred to the School Nurses for supervision. More extended reference is made to this subject in earlier paragraphs on skin diseases.

Uncleanliness.—There has been no change in the customary procedure followed in cases of uncleanliness. Cleansing notices are forwarded to the parents of nitty or actively verminous children, and all cases are followed up by the School Nurses in their homes systematically. The worst cases are excluded from school, and in the event of failure to cleanse within a reasonable period, are handed over to the School Attendance Officers through the Education Secretary, with a view to legal proceedings under the school attendance byelaws. During the years it was necessary to exclude 43 children belonging to 40 families, but all were cleansed and returned to school with one exception, in which case legal proceedings were instituted and a fine was inflicted. This is significant, as in the year 1910, the first full year of school medical work, it was necessary to appeal to the Courts for similar reasons in 27 cases.

For reasons which have been previously communicated to the Board, what are known as "cleansing surveys," *i.e.*, the periodic examination of whole schools by the School Nurses for the detection of uncleanly children, are not carried out in this County, unless, as occasionally happens, a definite complaint is received from a school. Where, as in this County, District Nurses are employed as School Nurses, obvious objections at once arise to their undertaking this work. It is felt, moreover, that the system adopted and the results obtained render this unnecessary.

It is the invariable practice at all visits paid by the Assistant School Medical Officer to the schools for purposes of medical inspection, to re-examine all children previously noted as uncleanly, and to include in such examination also all members of any family in which an uncleanly child is detected. Such families are kept under observation at subsequent visits, until there is no doubt of their reformation. Moreover, all children referred to the School Nurses as in need of cleansing, continue to be supervised, after cleansing has been effected, until the next visit of medical inspection to the school. The results of this method appear to be satisfactory, as the Cambridgeshire record of children in need of treatment continues to compare very favourably with those furnished from other County areas.

Tuberculosis.—School children detected to be suffering from tuberculosis are notified by the School Medical Staff, visited in their homes by the Nurses, and kept under observation by the Assistant School Medical Officer at her visits to the schools. Children regarded as in need of sanatorium treatment are referred to the Tuberculosis Officer.

The institutional treatment of tubercular children is provided by the Public Health Committee as part of their sanatorium scheme. There are usually a good many names on the waiting list, and admission may be much delayed. For this and other reasons, the sanction of the Ministry of Health has recently been obtained for the provision of extra nourishment in cases which require assistance. This will, however, be administered by the Public Health Committee as part of their scheme

for the treatment of tuberculosis. At the same time it is well to emphasise the fact that valuable preventive work is done by the Education Committee in the provision of malt and cod liver oil and of open-air school education for ill-nourished children, as described in more detail in the subsequent section on malnutrition.

As the sanatoria to which tubercular children are sent are recognised by the Board of Education as special schools, children sent for treatment are included in the Board's Table III as "attending Certified Schools for Physically Defective Children." In addition to 15 children remaining in sanatoria on January 1st, 1924 (lungs 13, spine 1, abdomen 1) there were 25 admissions, making a total of 40 children treated in such institutions during the year. Of these, 18 were discharged and one left the County, leaving 21 children in Sanatoria on January 1st, 1925. Details are as follows:—

<i>Admitted during 1924.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands ...	7	11	18
Hip	5	1	6
Foot	—	1	1
	12	13	25
<hr/>			
<i>Remaining on January 1st, 1925.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Lungs and Thoracic Glands ...	7	9	16
Hip	4	—	4
Foot	—	1	1
	11	10	21

Dental Treatment.—Following on consideration by the Committee of the annual report for 1923, the commencing age for dental inspection and treatment was lowered from 6 to 5 years, and all children aged 5 to 14 years are now included in the scheme. Previous to this, five year olds had only been included in the smaller schools. From the tables it will be seen that 381 children aged 5 were inspected during 1924, a broken year for children of this age.

The School Dentist visits all schools annually for inspection, paying a subsequent visit for treatment, and, as pointed out last year, it is impracticable to deal on a large scale with urgent cases which may arise between the annual visits. This is one of the difficulties attendant upon a rural scheme. Mr. Evered has, however, endeavoured to undertake special visits for treatment of such cases, as far as is compatible with the proper fulfilment of the routine work which must be completed during the year. Where this has not been possible, letters of recommendation have in some cases been given for dental treatment at Addenbrooke's Hospital.

Mr. Evered's report shows that 36.2 per cent., or rather more than one-third of the children from 5 to 14 years, were found to require dental treatment, a slight increase of .4 per cent. on the proportion recorded in 1923. There was practically no difference between the sexes, girls being slightly worse in this respect than boys. The proportion of these children who actually received treatment was 65.1 per cent., lower

by 2·7 per cent. than in 1923, and was practically identical for boys and girls. These figures fluctuate a little from year to year, and in 1924, there was a corresponding increase in refusals from 32·2 to 34·9 per cent. The number of children with clean mouths, free from pus, shewed an appreciable improvement, the proportion recorded being 70·6 per cent., as against 65·5 per cent. in 1923.

Analysis of the tables shewing the differing proportions of children requiring treatment at each year of age shews that commencing with 36·4 per cent. at 5 years there is a rapid rise to a maximum of 49·5 per cent. at 7 years, followed by a progressive fall to 24·6 per cent. at 14 years, broken only by a rise from 25·1 per cent. at 12 years to 29·4 per cent. at the age of 13. Thus, while at 7 years practically half the children are in need of treatment, this proportion is reduced by 50 per cent. by the time the leaving age of 14 years is reached. This clearly demonstrates the value of annual reinspection and treatment, even in the face of the opposition which is still encountered from about one-third of the children and parents.

As in previous years, a serious attempt was made to reverse the decision in cases of refusal, by personal interviews by the School Nurses in the homes, 1586 home visits being paid by them during the year for this purpose. As is customary, their reports show that not only are many parents still impenetrable to argument or persuasion, but in many families the personal views of the children are still allowed to control the situation, "child objects, mother will try to persuade" being a constantly recurring note.

The deeply-rooted idea that the object of dentistry is not the preservation of the teeth, but their extraction, is very difficult to eradicate, and indeed a preference for extraction as against filling is not infrequently expressed in the form of a direction by the parent to the dentist. Every endeavour is made through the teachers, who are as a body most helpful in this difficult problem, to secure the presence of such parents in order that the Dentist may have the opportunity of personally explaining matters.

While there is much that is discouraging associated with school dental work, it has to be remembered that dental treatment is an ordeal which the average human being approaches with reluctance, and in the face of this traditional attitude it is no small achievement to have arrived at a stage at which two-thirds of the children in need of such treatment actually do receive it.

Malnutrition.—The state of nutrition is influenced by a number of very varying factors, prominent among which are the sanitary conditions of the child's surroundings (both at home and at school), the freshness or otherwise of the air breathed (by night as well as by day), the amount of daily exercise, and the quality, suitability and proper cooking of the food consumed. It is clearly within the power of the Local Education Authority to bring direct influence to bear through securing proper sanitary conditions in the school buildings, and particularly free ventilation, systematic and well carried out physical exercises, and instruction of the older girls in cookery of meals, which it will really be practicable to prepare in their own homes.

Two valuable practical measures have been continued by the Committee during the year in the provision of malt and cod liver oil for ill-nourished school children, and the maintenance of some of the worst cases in residential open-air schools. For the comparatively small sum of £70 provided in the estimates, 226 of the more necessitous children attending school have received malt and cod liver oil systematically throughout the year, except during the summer months, and the results, as shewn by increase in weight and improvement in the general physique of the children, have again been very satisfactory. Here, again, great pains have been taken by the teachers to make the scheme a success, and sincere thanks are due to them for their unstinted assistance. It should be added that in a smaller number of cases children in better circumstances have been provided with malt and oil for a small weekly sum equivalent to cost price.

Children with so marked a degree of malnutrition as definitely to interfere with their education have been reported to the Committee as physically defective, and sent by them to open-air residential schools, chiefly those managed by the Invalid Children's Aid Association, situated near the sea coast or in the country. During the year 11 children were admitted to these valuable institutions, making a total of 35 admitted since the scheme began in 1921. The average length of stay of the 16 children who were in the open-air schools at some period of 1924, and have since been discharged, was 27 weeks, the approximate cost per child working out at under £35.

The results of this method of special education have amply repaid the sum expended. Of 28 children discharged by the end of 1924, with the exception of two who left early for unavoidable reasons, very encouraging reports were received as to the physical progress made, accompanied by a corresponding mental improvement. It has been possible to keep 21 of these children under supervision since leaving the open-air schools, and in only one case is a subsequent breakdown recorded.

It may be claimed with confidence that the two measures just briefly outlined are of great and proved value, and are, moreover, truly preventive. They do not merely correct defects which hinder the acquisition of knowledge during childhood, but are of permanent benefit in building up a normal healthy physique, and thus strengthening resistance to disease generally, and to tuberculosis in particular.

General Neglect.—The family circumstances and care available in the home have a very obvious and direct influence on the health of the children, and where these appear seriously prejudicial it is fortunate that the assistance of the Secretary and Inspector of the N.S.P.C.C. is readily given. Most useful help has been received, as in former years, regarding the 42 children in 25 families who were referred to the Society during 1924. Of these references, 36 were for unsatisfactory home conditions and for evidence of general neglect as indicated by insufficient or unsuitable clothing, insufficient feeding, gross lack of cleanliness, etc. Inspector Arnold has also been successful in securing consent for medical treatment in cases where this has been persistently and obstinately refused, and in overcoming resistance to admission to special institutions under similar circumstances. The cases of 6 children were investigated

with these objects. The practical help given by the Society in providing clothing and other forms of assistance in cases of distress should not go unacknowledged.

Crippling Defects. - It is not altogether easy to decide what cases to include under this heading, as physical defects vary much in type and degree. The following is a summary of cases on which notes have been furnished by Dr. Gellatly :—

Tuberculosis (arrested) ...	2
Treated by other agencies ...	1
Congenital Paralysis ...	3
Treated ...	...
Other Congenital Deformities ...	2
Treated by other agencies ...	1
Infantile Paralysis ...	10
Treated through Education Committee ...	2
Treated by other agencies ...	3
Old Osteomyelitis ...	3
Treated by other agencies ...	1
Severe Heart Disease ...	8
Other Conditions ...	6
Treated by other agencies ...	2

It is noteworthy that the above list includes no case of deformity due to rickets ; such deformities of the long bones are rarely met with in this County. Twelve cases of infantile paralysis, too slight to cause special disability, are excluded from this table, as are also active cases of surgical tuberculosis, which are dealt with by the Public Health Committee at Treloar's Hospital and elsewhere. The heart cases are all so disabled that they are unlikely to be able to earn a living.

The Education Committee have no approved scheme of orthopaedic treatment, but have given occasional assistance. The Board's Medical Officer states that 20 Local Education Authorities have schemes in operation, and some 20 more have proposals under consideration.

The principal object of an orthopaedic scheme is not operative treatment of deformities, but rather to prevent the necessity for this by ascertainment of cases in their early stages, the provision of expert advice and of manipulative and other forms of treatment. In some cases operative treatment will be called for, and in all, whether treated by such methods or not, constant trained supervision and after-care is indispensable. By these means defects may be remedied which are in some cases a hindrance to education, and in many will be an obstacle to employment in after life.

The essentials of a scheme as indicated in Sir George Newman's annual report may be stated very briefly as follows :—

1. Ascertainment from all sources of the number of cripples and the nature of their defect.
2. The provision of one or more orthopaedic clinics for the regular periodic examination of children by a skilled orthopaedic surgeon, non-operative treatment, remedial exercises, provision of splints, etc. A qualified orthopaedic nurse should be on the staff for intermediate supervision.

3. The supply of surgical appliances, and following up of children to secure attendance at the clinic.

4. An orthopaedic hospital should be available, under open-air conditions in the country, and with both residential and educational facilities. Arrangements should be made for visits by an orthopaedic surgeon from a central hospital, and for the reception and treatment of selected children. If an orthopaedic hospital is not available, children can be sent to a recognised Hospital School, with periodic visits to the area by an orthopaedic surgeon.

Other Defects Treated.—In addition to tonsils and adenoids (7), and ringworm of the scalp (5), letters of recommendation were given for treatment at Addenbrooke's Hospital of the following defects:—Ear disease and deafness 7, external eye diseases 4, hernia 4, circumcision 1, dental treatment 2, other conditions 5.

Co-operation of Teachers and Attendance Officers.—Close co-operation between the Teachers and the Medical Staff in all that concerns the physical welfare of the children is essential to the success of school medical work, and it is a pleasure to record the very cordial and valuable assistance which results from the close relations which have been established in this area. In addition to the very important functions exercised by the Teachers in connection with the preparations for routine medical and dental inspection, they are assiduous in bringing forward special children who might otherwise escape notice, and often give valuable help in securing the provision of treatment in different cases.

While recognising the ready and valuable help received from the Teachers as a body, a special word of thanks is due to the older teachers who have been associated with the medical service in this County for a considerable time. The warmest thanks are due to them for their ready understanding of the difficulties of medical work and their unfailing practical help. The assistance given by the Teachers generally also is not limited to school medical work, but is readily accorded in connection with other branches of public health work, and demonstrates their personal value as an influence in village life.

The Attendance Officers can be, and are, of great assistance as sources of information in connection with medical work, especially with reference to children absent on alleged medical grounds, with regard to whom medical opinion is desirable. There is also a systematic interchange of information between the Education Secretary and School Medical Officer regarding individual children when the special interests of both departments are involved.

Physical Training.—During the year the Board of Education's new issue of the pamphlet on physical instruction has been circulated to the schools. Special attention is also paid to breathing exercises.

It would be difficult to over-estimate the importance of physical training, and it will be readily recognised that a child who is well trained in this respect will be more alert mentally and more capable of benefitting by the general educational curriculum. It is particularly important under present conditions that the physical instruction provided should be as efficient as possible, so as to counteract in many children the injurious effects of the indifferent housing conditions under which they live.

Yet in an appreciable number of the schools it is one of the least successfully taught subjects of the curriculum. Some of the Teachers are without special instruction in the subject, and though all are now instructed in the Training Colleges their personal training and experience is limited, and in the absence of expert advice and help their efforts in the schools necessarily fall short of a high standard of efficiency. Special instructors to conduct the classes personally in all schools would of course be expensive, but the provision of an organiser of Physical Training to visit the schools, organise the arrangements, and advise and assist the Teachers would be of the greatest value. This course is strongly advocated by the Board, and is relatively inexpensive. Up to 1924, it had been adopted by 83 Local Education Authorities with abundant justification, and such an appointment in this County would be of great value not only to the physical health of the children but to their mental health and facility for benefitting by their instruction.

Blind, Deaf, Defective and Epileptic Children.

Children presenting these defects are reported by the Medical Staff to the Committee as they come to their knowledge in the schools or from other sources. A numerical return of all exceptional children in the area up to the end of 1924 is furnished in Table III appended to this report.

Apart from defective children reported for purposes other than with reference to institutional care, reports were presented to the School Attendance Sub-Committee during the year regarding 17 physically defective children suitable for open-air schools and 10 mentally defective children. The year's record of children in institutions is as follows:—

	<i>Mentally Defective.</i>	<i>Epileptic.</i>	<i>Deaf.</i>	<i>Blind.</i>	<i>Physically Defective.</i>
Remaining, Dec. 31st,					
1923	...	16	—	5	I
Admitted in 1924	...	3	—	I	II
Discharged in 1924	...	6	—	—	II
Remaining, Dec. 31st,					
1924	...	13	—	6	I
					7

The County Council is one of the constituent authorities of the East Anglian Institution for Blind and Deaf Children at Gorleston-on-Sea, where places are reserved for children from their area. Children are also sent to other similar institutions as occasion arises. The arrangements for the admission of ill-nourished and "pretubercular" children to voluntarily managed open-air schools have been set out in the section on Malnutrition. Unfortunately the accommodation is very limited, and it is a matter of increasing difficulty to obtain admission.

Mental Deficiency. Ascertainment has been proceeded with by the School Medical Staff, but till recently it was the practice to report to the Committee only those children for whom special action was recommended. Up to the end of 1923, some 160 children had been so reported under the Education Acts, of whom 83 were regarded as suitable for special schools. During 1924, special reports were presented regarding 10 children requiring special action, 4 of whom were approved for admission to special schools, and 4 of whom were about to leave special schools. Two of these were

notified under the Mental Deficiency Act as requiring further care and control and were eventually placed in institutions. In addition, two other children were reported for notification under the Mental Deficiency Act as ineducable. Finally, in view of the Board's Circular 1341, the practice was commenced of report to the Committee for "ascertainment" or record purposes, and during the last three months of the year, 35 children regarded as suitable for Special School but without urgent circumstances, were so reported.

The Local Education Authority have no special school of their own, but up to the present have obtained accommodation in the Littleton House Institution, Girton, in this County, where places are reserved, at the Kingsmead Special School, Hertford, and at the Royal Eastern Counties' Institution, Colchester. At the end of the year, 13 children were being maintained in those institutions.

As the Board of Education issued an important circular (No. 1341) relating to mentally defective children during the year, it may be of assistance to teachers and others engaged in the work to make rather more extended reference to the subject than is customary in these reports.

Existing legislation contemplates (1) the ascertainment of mentally defective children by Local Education Authorities, and (2) suitable arrangements for (a) selection of children suitable for special schools, and their admission, and (b) notification of the remainder to the County Council under the Mental Deficiency Act, 1913.

Financial difficulties prevent complete arrangements at present, but all possible measures should be adopted for dealing with children who cannot be accommodated in special schools, with a view to mitigating the results of this insufficiency of accommodation. The Local Education Authority should carry out ascertainment in entirety, and notify children under the Mental Deficiency Act when they come within that category. They will then be concerned with those children who ought to be sent to special schools but most of whom cannot be dealt with thus.

As regards children actually sent to special schools the Board lay special stress on the notification of suitable cases to the County Council under the Mental Deficiency Act as they approach 16 years and thus become due to leave. In Cambridgeshire all such cases are so notified where their personal characteristics or home conditions indicates that it is desirable for them to remain under control. As a matter of fact, under present restrictions, children recommended for admission to special schools have been selected mainly in view of the probability of this line of action being eventually required.

It will be evident that the great majority of feeble-minded children remain in the ordinary classes in the Elementary Schools, and on leaving at 14 they are frequently without public control though still within the responsibility of the Local Education Authority, owing to their defect, until they become 16. They thus lose special education, with control and general training in discipline, while they further lose the opportunity

of being notified under the Mental Deficiency Act at the age of 16 for further care and control either in institution or under statutory guardianship. At no great cost, however, suitable supervision can be provided by which advice can be given to the parents as to general care of the defective, and by which children can be selected for notification under the Mental Deficiency Act where the circumstances indicate that special care and control are needed.

In this County, mentally defective children on the school medical records are reviewed at the periodical visits of the Assistant School Medical Officer to the schools. Cases in which there seem to be special grounds for report to the Education Committee with a view to admission to a special school, or notification under the Mental Deficiency Act, are referred to the Cambridgeshire Voluntary Association for Mental Welfare for report on the home circumstances. Also children not sent to special schools or notified under the Mental Deficiency Act are, when they leave the elementary schools in the ordinary course, referred to the Voluntary Association for supervision up to the age of 16, and periodic reports are received on their progress and general circumstances. Annual grants are made to the Association for both these services.

The Board of Education express the view that where no special school exists it seems preferable that the high grade defectives in an elementary school should be grouped in a class with mentally retarded children under a specially qualified teacher, rather than that they should remain in the ordinary classes, where they cannot receive the special attention and instruction required and are apt to be a drag on the rest of the class. This view has been set out in my annual reports for some years past, and special attention has been drawn to Soham, where, in view of the numbers, circumstances are specially favourable for initiating a scheme on these lines. The number of defectives at Fulbourn also points to this parish as one for special consideration.

On consideration of special reports by the Education Secretary and School Medical Officer the Education Committee resolved substantially as follows.

1. That the present method of ascertainment through the school medical staff be continued, with the addition that all cases be formally reported to the Committee for record purposes, fuller reports being furnished where special action is recommended.
2. That the arrangements for enquiry and supervision in the homes by the Voluntary Association be continued.
3. That on attaining 16 years children not in special schools be informally referred to the Mental Deficiency Committee for ascertainment purposes.
4. That early consideration be given by the appropriate sub-committee to the question of the establishment of special classes for backward and defective children at Soham and elsewhere, and to special instructional courses for teachers who would undertake such classes.
5. That additions of special literature on the subject to the Teachers' Reference Library be considered.

Provision of Meals.—Up to 1924, no system had been organised by the Local Education Authority for the provision of meals in the schools, though in some there are facilities for obtaining a hot drink or for heating or cooking food brought by the children, while in others meals are sold on cookery instruction days. The inauguration of the system of grouped schools brought this matter to the fore, as it necessarily results in a considerable increase in the number of children who take their mid-day meal at school. As such children are away from home continuously for the greater part of the day, the provision of suitable meals is very essential for the maintenance of their health, especially for those whose physique may be below the average, a point which has been emphasised in previous reports.

Dinner arrangements have now been made by the Committee at Burwell Central School, at which school children from adjoining parishes are grouped. At the date of enquiry this scheme had been in operation for two months and the number of children availing themselves of it had varied from 5 to 12 daily, 8 being an average number. So far it has been limited to children from Swaffham Prior or others living a long way off. The crockery and table utensils are supplied by the Education Authority, and the Domestic Science Mistress, who gives daily instruction in cooking, is responsible for the carrying out of the arrangements. Excellent meals are provided, and that there is considerable variety in the fare will be seen from the following menu.

Monday	...	Vegetable stew, jam roly-poly pudding.
Tuesday	...	Lentil soup, toad-in-the-hole, potatoes.
Wednesday	...	Shepherds' pie (of fresh steak), baked apples in short crust.
Thursday	...	Dutch stew, milk pudding with prunes.
Friday	...	Potato soup, steamed apple pudding.

A charge of 3d. per meal is made, apparently without reduction where a child attends for a whole week, and, though a low charge, is probably more than some long distance children can afford to pay. It was not to be expected that a small commencing scheme could prove self supporting, and the scheme at Bassingbourn has always required assistance, though much larger numbers are dealt with. As a matter of fact the deficit at Burwell on two months working amounted to about 19/-.

For many years a valuable object lesson has been in active operation during the winter months at Bassingbourn Council School. It received special mention in the last annual report of the Medical Officer to the Board of Education and has attracted attention in the London press. This voluntary scheme is fortunate in receiving daily personal attention from the Head Master, Mr. Eayrs and Mrs. Eayrs, and in the generous support which is always forthcoming from Lord Knutsford. Mr. Eayrs has furnished the following details.

"The dinners were provided for 11 weeks or 53 days, from November 3rd, 1924, to February 6th, 1925, 3,267 children staying, an average of 62 a day. The same scale of payment was used and the same menu as last year. The total cost of the scheme was £32 5s. 7d. ; childrens' payments amounted to £24 13s. 1d. and the deficit was met by the Viscount Knutsford.

The expenditure was as follows :—

			£	s.	d.
Meat	...	...	9	0	2
Milk	...	...	7	1	11
Bread and flour		...	3	19	0
Groceries	...	...	10	4	0
Caretaker	...	...	1	2	0
Jam	...	...	0	18	6
			<hr/>		
			£	32	5 7

All vegetables are grown in the school gardens."

At this school the menu consists of a two-course meal each day, with two and sometimes three vegetables (grown in the school gardens), meat, vegetables, and pudding three days a week, soup and puddings two days a week, and the quantity is not limited. There is some variation in the scale of payment according to the size of the family, viz., 1 child 1/- per week, 2 children 1/6, 3 children 2/-, etc., and free dinners have been given in necessitous cases.

Detection and Prevention of Infectious and Contagious Disease.

The relative prevalence of the commoner infectious diseases of childhood is shewn by the number of schools from which notifications were received, viz., diphtheria 5, scarlet fever 24, measles 21, whooping cough 14, chicken pox 38, mumps 19, and influenza 4. The School Medical Staff paid 25 special visits to schools for enquiry into infectious and contagious diseases, 3 being for diphtheria, 15 for scarlet fever, 3 for mumps, 1 for measles, and 3 for ringworm.

Under the Regulations of the Education Committee such cases, including suspects, are notified by Head Teachers and the homes are visited by the School Nurses for purposes of enquiry and report to the School Medical Officer, except as regards diseases notifiable to the Local Sanitary Authorities by medical practitioners under the Public Health Acts and Regulations. This scheme includes children regarded with suspicion by the Head Teachers, who are thus a valuable source of information when dealing with an outbreak. They also notify children who appear to be suffering from contagious skin diseases such as ringworm, impetigo and scabies. Including cases of this character, 1,248 home visits were paid by the School Nurses for enquiry and supervision during the year, the opportunity being taken for advice as to precautions for prevention of the spread of infection.

In this County, by arrangement with the local Medical Officer of Health, school closure certificates are in all cases furnished by the School Medical Officer, after consultation, where necessary, with the local Medical Officer of Health concerned. In this way a uniform policy throughout the Elementary Education area is secured. During the year, the School Medical Officer certified for the closure of 46 schools, of which 7 were closed for whooping cough, 11 for measles, 4 for scarlet fever, 2 each for diphtheria, chicken pox and mumps respectively, 15 for influenza, and 3 for epidemic catarrh.

It is well known that in the past schools have been closed not only for prevention of the spread of infection, but also to avoid loss of grant where the attendance suffers seriously. In a recent circular the Board of Education discourage closure on attendance grounds, and, by amending regulations, have altered the Elementary Education Provisional Code so as to prevent financial loss arising out of reduced attendance. Where the attendance for any week has fallen below 60 per cent. and the School Medical Officer certifies that this is reasonably attributable to epidemic disease the attendances for the week may be omitted when calculating the average attendance for grant purposes. This will support resistance to closure on attendance grounds alone, more particularly in connection with minor infectious ailments, such as chicken pox, mumps and catarrh, but should not affect the general policy of closure when considered necessary for the prevention of spread of the more serious infectious disease such as diphtheria, scarlet fever or measles.

For the fourth consecutive year it is fortunately possible to record a continued decrease in the prevalence of diphtheria in the schools. Only two closures were necessary in 1924, making 6 only in four years, and the number of swabs which it was necessary to take from contacts fell to 66 as against an annual average of 192 for the three years 1921-23, and of 370 during the 8 preceding years.

Measles, which still causes the death of some thousands of children each year in England and Wales, is notoriously difficult of control and every effort is made through the School Nurses to supervise all cases reported from the schools. The administrative course followed has been on receipt of the first notification to enquire from the Head Teachers as to the state of protection of their scholars by previous attack, as a guide to the probability or otherwise of serious spread of infection. If many are susceptible to attack and information is received sufficiently early, an endeavour is made to limit the spread of infection by a brief closure of one week in order to exclude those due to develop their attack following on their infection by the first case. This procedure necessarily fails in a number of cases owing to the fact that the first case notified is not actually the first case which has occurred. In 1924, closure of 11 schools was resorted to out of 21 from which cases of measles were notified. Five of these were early short closures on the lines indicated above, the subsequent history being that no further cases arose among the scholars of 3 of these schools, considerable spread following among the children attending the remaining two schools. In all five parishes the diagnosis does not appear to have been open to doubt.

Hygienic Condition of Premises.

Latterly, public opinion throughout the country generally has been increasingly directed to the unsatisfactory hygienic condition of school premises, and with just cause, as the general standard falls far short of what may reasonably be required. As young growing children are aggregated closely together under indoor conditions in the schools for a great part of the day, the sanitary condition of their surroundings must have a very direct influence for good or ill upon their development, both physical and mental, and it is clearly right that every effort should

be made to secure for them the best conditions practicable. Due recognition should be given to the work of the Buildings Sub-Committee, which is constantly engaged on improving the sanitary condition of the schools, but they would be the first to recognise the great task which lies before them, until the schools generally can be regarded as in a reasonably hygienic condition.

The Council's own Provided Schools are systematically surveyed by the County Architect and improvements are from time to time effected by the Committee, but though their sanitary condition is far in advance of that of the Non-Provided Schools, defects may still be found which call for remedy. I would strongly advocate the principle that the hygienic conditions should be an object lesson for the children as to what should exist in their own homes, both present and future. In matters of sewage disposal, for example, I would emphasise the view that the provision in the schools should at least not be inferior to that obtainable in their own homes, and that where a piped supply of water and a sewer exist in a village, a type of closet inferior to the water closet should not be permitted in the school. Most of the villages are, of course, on the conservancy system, and here no type of closet inferior to the pail system should be regarded as satisfactory for the schools.

In the 16 years during which the School Medical Service has been in existence in this County, some 250 reports on the sanitary condition of the premises of various schools have been furnished by the School Medical Officer. The majority have related to Non-Provided Schools, and in some cases the Managers have readily responded and improvements have been effected, but frequently no action has been taken, from lack of funds or for other reasons. For some time past also, the County Architect has, under instructions, been engaged on a survey of the premises of the Non-Provided Schools, and during the past year certain of those most urgently requiring attention have been reported to the Buildings Sub-Committee, who have now under consideration the response from the Managers of the schools in question. The County Council, impressed with the unsatisfactory condition of some of these buildings, have recently resolved to request that a survey of the Non-Provided Schools in the area be made by the Board of Education.

Details as to the hygienic conditions in the schools were given in my report in 1920, but I would draw special attention to the following deficiencies :-

Washing Arrangements.—This subject has been commented on annually, but in some schools little progress is made. It is obvious that adequate provision should exist for putting into practice one of the most elementary hygienic principles taught. Lack of such provision is very discouraging to Teachers who wish to cultivate a high standard of personal hygiene among the children. It has to be remembered that many children live a long way from the school, and cannot be sent home to wash if they arrive in a dirty condition. This especially applies to those who stay for dinner, and for them proper washing facilities are clearly necessary. Also the normal child may not be expected to be any the cleaner after a spell of recreation in the playground, especially as so often the playground surface is not constructed of impermeable material, and is therefore muddy or dusty. For girls, the need for

thorough cleanliness of the hands on needlework days is particularly obvious.

In many schools the arrangements are adequate, but in an appreciable number they are not satisfactory. Where there is no well, it may be that the arrangements for conveyance and storage are not properly carried out, or there is an insufficiency of bowls, or soap and clean towels are not renewed sufficiently frequently. In my view, the Regulations require strengthening so as to give prominence to the requirement that adequate arrangements be made for maintaining a high standard of cleanliness among the children.

Offices.—The old insanitary privy pit is gradually being eliminated from private dwellings by the Local Sanitary Authorities, but still persists in certain of the schools. The least that can be done is to substitute pails, and to insist on the requirement that they shall receive adequate attention from the Caretakers, and shall be emptied at short intervals. Failing this, the conditions met with are exceedingly unpleasant, and the process of fly-breeding may be observed in active operation. As pointed out in a previous paragraph, when a piped supply of water and a sewer exist, water closets should be introduced.

Ventilation.—There is considerable variation in the standard of ventilation attained in the schools, and the structural features of the older buildings especially make satisfactory arrangements a matter of difficulty in some cases. Considerable improvements have been effected, but much still remains to be done, particularly in making ample provision for a free flush of air through the classrooms in warm weather.

In the Council Schools the principle followed has been to provide hopper inlets for admission of air at a low level, without draught, supplemented by high swing panes. The weak point, in my opinion, has proved to be lack of ample flush in the summer, which could be remedied by adding low side-hung casement panes, or, in the case of new construction, by windows of the type [recently introduced with success at Willingham Council School.

Heating.—In a number of schools the temperatures recorded on opening at 9 a.m. are very low in the winter months, and even at 10 o'clock they are frequently below the minimum prescribed in the Regulations. A satisfactory 10 o'clock record is not infrequently only attained by closing all windows and sacrificing ventilation. The effect of this on the general health cannot but be prejudicial, particularly to the less robust children, and especially when they arrive at school with wet feet.

No doubt, lack of proper attention by the Caretakers to stoking may account for the unsatisfactory heating in some cases, but in others the heating apparatus is either insufficient or is of an old or otherwise unsuitable type.

Miscellaneous.

Special Reports on School Children.—In addition to special reports to the School Attendance Sub-Committee regarding physically and mentally defective children and other special matters, a large number of children were advised upon from the school attendance point of

view at the instance of the Sub-Committee or of the Education Secretary. A considerable volume of correspondence is also constantly carried on with the Head Teachers with reference to the fitness for school attendance of children dealt with in the ordinary course of medical work, including advice as to exclusion and readmission in cases of infection, and the Education Secretary is kept informed systematically of the position with regard to such cases.

Medical Inspection at Secondary Schools.

The medical work in the Cambridge and County Schools for Boys and Girls, and in the Soham Grammar School, has been limited to the medical examination of those boys and girls to whom County Minor Scholarships had been awarded. All proved fit to hold their scholarships, though three were referred for further report after a probationary period. One candidate only required treatment for defective vision, and this was obtained. The numbers examined were as follows:—

County School for Boys	...	...	24
Soham Grammar School (Boys)	...	...	7
Perse School (Boys)	...	...	3
County School for Girls	...	...	16
Perse School (Girls)	...	...	2
Ely High School for Girls	...	...	4
			—
			56
			—

My fullest acknowledgments are due to Dr. Gellatly who carries out the work of medical inspection in the schools throughout the area, and on whose information the great bulk of the reports furnished to the Committee are based. I have also again to thank her for the very considerable assistance given by compiling the statistical tables prescribed by the Board, and for information utilised in the body of the report. Acknowledgments are also due to Mr. Evered for his report and statistics relating to dental work.

FRANK ROBINSON,
School Medical Officer.

County Hall,
Cambridge.

DENTAL INSPECTION AND TREATMENT.

Eleventh Annual Report by Mr. J. C. G. Evered, L.D.S. (Edin.) ,
County School Dentist.

During the early part of 1924, children aged 6—14 were dealt with as in previous years. On the instructions of the Committee the commencing age was lowered to 5 years in all schools, and in those schools where the numbers on the register are below 60, the whole were dealt with. The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be stated here in tabular form.

1. *Schools dealt with :*

A.	Schools inspected and treated	...	138
B.	Schools inspected only	...	18
C.	Total schools visited (A+B)	...	156

2. *Children dealt with :*

A.	In schools inspected and treated	...	8481
	Required no treatment	...	5455
	Required treatment	...	3026
	Received treatment	...	1970
	Refused treatment	...	1056
	Temporary teeth extracted	...	3592
	Permanent teeth extracted	...	240
	Fillings ...	...	920
B.	In schools inspected only	...	1114
	Required no treatment	...	674
	Required treatment	...	440
C.	In total schools visited (A+B)	...	9595
	Required no treatment	...	6129
	Required treatment	...	3466
D.	Special cases ...	...	124
	Temporary teeth extracted	...	92
	Permanent teeth extracted	...	16
	Fillings ...	...	12

Of 9,595 children who underwent routine dental inspection, 6,129 or 63.8 per cent. required no treatment ; while 3,466, or 36.2 per cent. did require it, being 4 per cent. higher than last year. In schools both inspected and treated during the year, of those requiring treatment, 65.1 per cent. received it, the parents refusing treatment for the remaining 34.9 per cent., a slight increase of 2.7 per cent. on last year's refusals. In 25 schools there were no refusals of treatment, an increase of 4 from last year, and in 45 schools there were fewer than 5 refusals, an increase of 3 from last year.

The numbers of temporary and permanent teeth extracted were 3,592 and 240 respectively, and 920 fillings were done.

Of the total number of children inspected, 5,994, or 70.6 per cent., were found to have clean mouths, while pus was noted to be present in the mouths of 2,487, or 29.4 per cent.

Children to the number of 124 were treated as special cases, being either over or under the routine age. For these children 92 temporary and 16 permanent teeth were extracted, and 12 were filled.

Including both routine and special cases, the total number who received treatment during the year was 2,094. The numbers of temporary and permanent teeth extracted were respectively 3,684 and 256, while 932 fillings were done, and amongst minor operations 6 scalings and cleaning of teeth were done.

I must again record my thanks to the teaching staff for the very cordial and valuable help they have continued to give me in my work, and also to the members of the nursing staff, who have rendered invaluable assistance in interviewing the parents of children for whom treatment has been refused.

J. C. G. EVERED

TABLE II.

A. Return of defects found in the course of Medical Inspection in 1924.

Defect or Disease.			Routine Inspection	Specials	
	(1)	(2)	Number referred for Treatment.	Number requiring to be kept under observa- tion, but not referred for Treatment.	Number referred for Treatment.
	(3)	(4)	(5)		
	Malnutrition	..	114	260	10
	Uncleanliness :				
	Head	..	70	170	6
	Body	..	21	101	1
Skin.	Ringworm :				
	Head	..	2	1	—
	Body	..	2	—	3
	Scabies	..	1	—	—
	Impetigo	..	11	1	11
	Other Diseases (non-Tuber- cular).	..	14	31	7
Eye.	Blepharitis	..	24	19	1
	Conjunctivitis	..	26	29	3
	Keratitis	..	—	—	—
	Corneal Ulcer	..	1	—	—
	Corneal Opacities	..	—	2	—
	Defective Vision	..	49	155	11
	Squint	..	8	20	1
	Other conditions	..	8	15	2
Ear.	Defective Hearing	..	3	9	3
	Otitis Media	..	6	3	2
	Other Ear Diseases	..	—	1	1
Nose and	Enlarged Tonsils	..	5	69	1
	Adenoids	..	1	—	—
Throat.	Enlarged Tonsils & Adenoids	..	1	—	—
	Other conditions	..	61	111	10
Enlarged Cervical Glands (Non-Tuber- cular)	..	..	9	71	2
					7
Defective Speech	..	..	1	25	—
Teeth.	Dental Diseases	..	20	7	2
					—

TABLE II.

B.—Number of *Individual Children* found at *Routine Medical Inspection* to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require treatment. (4)
	Inspected. (2)	Found to re- quire treat- ment. (3)	
CODE GROUPS :			
Entrants	895	131	14.6
Intermediates	1057	116	11.0
Leavers	975	95	9.7
Total (Code Groups) ...	2927	342	11.6
Other Routine Inspections ...	230	30	13.0

TABLE I. Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	...	...	895
Intermediates	...	...	...	...	...	1057
Leavers	...	...	...	...	...	975
Total	...	...	...	...	...	2927

Number of Other Routine Inspections ... 230

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	382
Number of Re-inspections	...	...	5597
Total	...	...	5979

TABLE III.—Return of all Exceptional Children in the Area.

Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools At other Institutions ... At no School or Institution ...	-	-	-
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools. At other Institutions... ... At no School or Institution ...	I	-	I
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf, or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools At other Institutions... ... At no School or Institution ...	3	3	6
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools At other Institutions... ... At no School or Institution ...	-	-	-
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions... ... *At no School or Institution ...	10	3	13
	Notified to the Local Control Authority during the year.	Feeble-minded... Imbeciles Idiots	I	I	2
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified Special Schools ... Attending Public Elementary Schools At no School or Institution ...	-	-	-
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution ...	10 I	5 2	15 3
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions... ... At no School or Institution ...	8	9	17

* Of these 18 are aged 14 to 16.

Physically Defective.	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	-	-	-
		At Certified Residential Open Air Schools	-	-	-
		At Certified Day Open Air Schools	-	-	-
		At Public Elementary Schools	10	8	18
		At other Institutions... ...	-	-	-
	Delicate children (e.g., pre—or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At no School or Institution ...	9	9	18
		At Certified Residential Open Air Schools	5	2	7
		At Certified Day Open Air Schools	-	-	-
		At Public Elementary Schools	145	124	269
		At other Institutions... ...	-	-	-
	Active non-pulmonary tuberculosis.	At no School or Institution ...	8	6	14
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	1	4
		At Public Elementary Schools	5	2	7
		At other Institutions... ...	3	-	3
		At no School or Institution ...	8	1	9
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	-	-	-
		At Certified Residential Cripple Schools	-	-	-
		At Certified Day Cripple Schools	-	-	-
		At Public Elementary Schools	10	7	17
		At other Institutions... ...	3	1	4
		At no School or Institution ...	11	8	19

TABLE IV. Return of Defects Treated during the Year ended
31st December, 1924.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

(1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp ...	2	5	7
Ringworm—Body ...	—	33	33
Scabies ...	—	6	6
Impetigo ...	—	155	155
Other Skin Diseases ...	4	17	21
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II) ...	—	44	44
Minor Ear Defects ...	6	5	11
Miscellaneous—			
(e.g., Minor Injuries, bruises, sores, chilblains, etc.) ...	—	14	14
Total ...	12	279	291

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease	Number of Defects dealt with.				Total
	Under the Authority's Scheme	Submitted to Refraction by private practitioner or at hos- pital, apart from the Authority's Scheme	Otherwise		
	(1)	(2)	(3)	(4)	
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	126	18	—	—	144
Other Defect or Disease of the eyes (excluding those recorded in Group I)	2	—	—	—	2
Total ...	128	18	—	—	146

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	113
(b) Otherwise	...	...	...	10

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	113
(b) Otherwise	...	...	...	10

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.					
Received Operative Treatment.			Received other Forms of Treatment.		Total Number Treated
Under Authority's Scheme in Clinic or Hospital. (1)	By Private Practi- tioner or Hospital apart from the Authority's Scheme (2)	Total. (3)	(4)	(5)	
15	5	20	12	32	

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist.

Routine Age Groups			Aged	
	5	...	381	
	6	...	710	
	7	...	894	
	8	...	990	
	9	...	1108	
	10	...	1088	
	11	...	1096	
	12	...	1080	
	13	...	959	
	14	...	166	
			8481	
Specials	...	...	124	
				8605
Grand Total		...		

(b) Found to require treatment ... 3026
 (c) Actually treated 1970
 (d) Re-treated during the year as the result of periodical examination 968

(2) Half-days devoted to (Inspection 196)

(Treatment 234) Total ... 430

(3) Attendances made by children for treatment ... 1970

(4) Fillings (Permanent Teeth 920)

(Temporary Teeth —) Total ... 920

(5) Extractions (Permanent Teeth 240)

(Temporary Teeth 3592) Total ... 3832

(6) Administrations of general anaesthetics for extractions... Nil

(7) Other operations (Permanent Teeth)

(Temporary Teeth) Total 6 (Scalings)

